

IFW

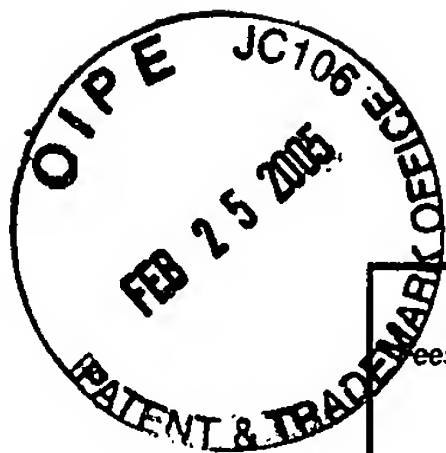
PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/607,947-Conf. #3077	
	Filing Date	June 27, 2003	
	First Named Inventor	Wilfred E. Pearce	
	Art Unit	3671	
	Examiner Name	A. K. Pechhold	
Total Number of Pages in This Submission	17	Attorney Docket Number	BA1-02-0395 (02-0395)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROBERT R. RICHARDSON, P.S.		
Signature			
Printed name	Robert R. Richardson		
Date	February 22, 2005	Reg. No.	40,143

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: <u>2/22/05</u>	Signature: <u>Robert R. Richardson</u> (Robert R. Richardson)



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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/607,947-Conf. #3077
		Filing Date	June 27, 2003
		First Named Inventor	Wilfred E. Pearce
		Examiner Name	A. K. Pechhold
		Art Unit	3671
		Attorney Docket No.	BA1-02-0395 (02-0395)
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,020.00	

**METHOD OF PAYMENT** (check all that apply)

☒ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   Deposit Account Number: 503048   Deposit Account Name: Robert R. Richardson, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)

33   - 33 =                x              =             

Multiple Dependent Claims

Fee (\$)   Fee Paid (\$)

Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)

5   - 5 =                x              =             

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)

             - 100 =                /50              (round up to a whole number) x              =             

**4. OTHER FEE(S)**

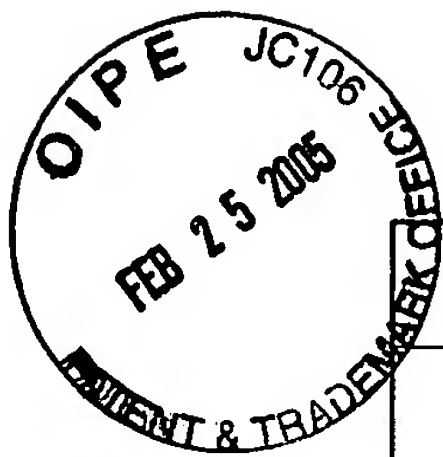
Non-English Specification, \$130 fee (no small entity discount)             


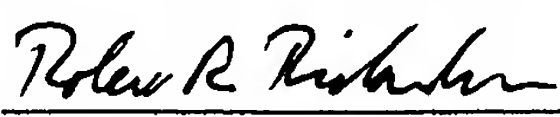
Other: 1253 Extension for response within third month   1,020.00

<b>SUBMITTED BY</b>			
Signature	<u>Robert R. Richardson</u>	Registration No. (Attorney/Agent)	<u>40,143</u>
Name (Print/Type)	<u>Robert R. Richardson</u>	Telephone	<u>(360) 692-0626</u>
		Date	<u>February 22, 2005</u>

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Dated: 2/22/05   Signature: Robert R. Richardson (Robert R. Richardson)



AMENDMENT TRANSMITTAL LETTER				Docket No. BA1-02-0395 (02-0395)	
Application No. 10/607,947-Conf. #3077		Filing Date June 27, 2003		Examiner A. K. Pechhold	
				Art Unit 3671	
Applicant(s): Wilfred E. Pearce et al.					
Invention: COMPOSITE BRIDGE EXPANSION JOINT					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	14	- 33 =		x	
Independent Claims	2	- 5 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,020.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>1,020.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>503048</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Robert R. Richardson Attorney Reg. No.: 40,143  ROBERT R. RICHARDSON, P.S. P.O. Box 2677 Silverdale, Washington 98383-2677 (360) 692-0626				Dated: <u>February 22, 2005</u>	
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Dated: <u>2/22/05</u>		Signature:  (Robert R. Richardson)			